

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

16152

State File No. ....

FILED APR 23 1953

BIRTH NO. .... REG. DIST. NO. 318 PRIMARY REG. DIST. NO. 1003 Registrar's No. 3819

1. PLACE OF DEATH a. COUNTY		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before death.) a. STATE Mo. b. COUNTY St. Louis	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN St. Louis		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Kirkwood 4693	
d. FULL NAME OF (If not in hospital or institution, give street address or location) HOSPITAL OR INSTITUTION Missouri Baptist Hospital		d. STREET ADDRESS (If rural, give location) 126 E. Washington	
3. NAME OF DECEASED (Type or Print) a. (First) Edwin b. (Middle) J. c. (Last) Rode		4. DATE OF DEATH (Month) (Day) (Year) April 10, 1953	
5. SEX 0 male	6. COLOR OR RACE white	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) widowed 2	8. DATE OF BIRTH Aug. 5, 1876
9. AGE (In years last birthday) 76		10. IF UNDER 1 YEAR 8 Months 15 Days IF UNDER 24 HRS. Hours Min.	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Carpenter Foreman		10b. KIND OF BUSINESS OR INDUSTRY Kearney Electric	
11. BIRTHPLACE (State or foreign country) Gasconade, Mo.		12. CITIZEN OF WHAT COUNTRY? America	
13a. FATHER'S NAME Julius Rode		13b. MOTHER'S MAIDEN NAME Mary Ruediger	
14. NAME OF HUSBAND OR WIFE Pauline M. Rode			
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) no		16. SOCIAL SECURITY NO. 494-09-8676	
17. INFORMANT'S SIGNATURE OR NAME George Rode		ADDRESS 4407 Forest Park	
18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c)  *This does not mean the mode of dying, such as heart failure, asphyxia, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Coronary Sclerosis ANTECEDENT CAUSES As for conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) Chronic hypertrophic myocarditis DUE TO (c) II. OTHER SIGNIFICANT CONDITIONS Edema R. & L. feet Edema R. leg with ulcer 6 cm diameter INTERVAL BETWEEN ONSET AND DEATH Present 2 days Previous 6 years	
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION	
20. AUTOPSY? YES <input type="checkbox"/> NO <input type="checkbox"/>			
21a. ACCIDENT SUICIDE HOMICIDE (Specify)		21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)	
21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)			
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) (Min.)		21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	
21f. HOW DID INJURY OCCUR? 4222			
22. I hereby certify that I attended the deceased from 4-8, 1953, to 4-10, 1953, that I last saw the deceased alive on 4-9, 1953, and that death occurred at 9:15 AM, from the causes and on the date stated above.			
23a. SIGNATURE E. B. Waters (Degree or title) M. D.		23b. ADDRESS 126 E. Jefferson Kirkwood Mo.	
23c. DATE SIGNED 4-11-53			
24a. BURIAL, CREMATION, REMOVAL (Specify) removal		24b. DATE 4/13/53	
24c. NAME OF CEMETERY OR CREMATORY St. Peter's Cemetery		24d. LOCATION (City, town, or county) (State) Kirkwood Mo.	
DATE REC'D BY LOCAL REG. APR 14 1953		25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS Meyer-Pfitzinger Kirkwood, Mo.	

(Licensed Embalmer's Statement on Reverse Side)

WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

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STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me, or by \_\_\_\_\_

Student Embalmer No. \_\_\_\_\_

working under my personal supervision.

Student .....  
Student Embalmer

Signed

*William H. Pfizinger*  
#516

Licensed Embalmer No. \_\_\_\_\_

P. O. Address *Kirkwood 22, Mo.*

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license.)

If this body is not embalmed, fact should be so stated above.